

APPEARANCE FORM (CRIMINAL)

State of Indiana

Case Number: _____ (File stamp)
(To be supplied by Clerk at the time of filing with the Clerk.)

1. Name of Defendant(s):

[See Administrative Rule 1(B)(4) for multiple charges or defendants]

2. Case Type: _____

[See Administrative Rule 8(B)(3)]

3. Prosecuting Attorney information (as applicable):

Name: _____ Attorney No. _____

Address: _____ Phone: _____

_____ FAX: _____

_____ Computer Address: _____

Deputy assigned case (Optional):

4. Will the State accept service by FAX: Yes ____ No ____

5. Arrest report number (Originating Agency Case Number):

6. Additional information required by state or local rule: _____

Authority: Pursuant to Criminal Rule 2.1(A), this form shall be filed at the time a criminal proceeding is commenced. In emergencies, the requested information shall be supplied when it becomes available. Parties shall advise the court of a change in information previously provided to the court. This format is approved by the Division of State Court Administration.